

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	H: S	266	20-08-01
<b>RESPONSE FORMALITY REVIEW</b>	YR	1030	10-6-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	6/18/93
Original	6/18/93
1	6/18/93
2	
3	
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5	
6	✓ ✓ ✓
7	= = ✓
8	= = ✓
9	= = ✓
10	= = ✓
11	= = ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
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21	= = ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

6/18/93  
C/A/701  
S/15/1  
1/1/01